New York State Department of Health AIDS Institute *May 2006*

LIGHT UP YOUR LIFE

A Leadership Forum on HIV and Smoking

HIV and Smoking: A Wake-Up Call for Action

The simple fact shocks many people. In an era when people with HIV/AIDS (PLWHA) are living longer, healthier lives, 50 to 70 percent of them are estimated to smoke cigarettes. That's double or triple the smoking rate of the United States' general population.

Why do so many people living with HIV/AIDS smoke? How can we reduce those rates? What are the implications of smoking for treating HIV/AIDS?

About 180 people, mainly from HIV/AIDS service organizations, examined these questions at "Light Up Your Life: A Leadership Forum on HIV and Smoking" on November 15, 2005, at Rockefeller University. The event, organized by the New York State Department of Health (DOH) AIDS Institute, is believed to be the first-ever conference on HIV and smoking in the country.

"This is a wake-up call to the HIV community," said Guthrie Birkhead, MD, MPH, director of the DOH AIDS Institute and the DOH Center for Community Health. "This is a problem — perhaps not a new one, but a newly recognized problem that affects the health of people with HIV/AIDS that we're trying to help."

A New Model for Treating HIV Disease

In the past, people diagnosed with HIV were almost certain to progress to AIDS and to eventually die. That has changed dramatically in recent years, explained Alvaro Carrascal, MD, MPH, deputy director of the AIDS Institute's Office of the Medical Director. HIV medications have become much more effective and have helped PLWHA live longer, healthier lives. For example, one study estimates that between 1996 and 2002, the U.S. death rate from AIDS-related causes dropped by roughly two-thirds while the percentage of death from non-AIDS-related causes rose sharply, from 7 percent to 32 percent.

People who take HIV medications usually see their immune system health improve. But because their immune systems do not fully recover, they may develop health problems unrelated to HIV or AIDS — such as lung cancer, heart disease, and stroke — that affect the general population. Smoking is a risk factor for these health problems. Quitting smoking is the single most effective step that PLWHA can take to boost their immune systems, lower their risk of these diseases, and improve their overall health while they continue taking medications.

"Given what we know today, we cannot accept tobacco use as a fact of life for people with HIV," said Dr. Carrascal. "People with HIV or AIDS can realize significant, immediate positive effects from quitting smoking."

The State of Smoking in New York

First, the good news: smoking rates in New York State continue to drop, according to Ursula Bauer, PhD, director of the DOH Tobacco Control Program. From 2003 to 2004, the percentage of state residents who smoke dropped from 20.8 percent to 18.1 percent (men, 20.0 percent; women, 16.0 percent). "We're beginning to see great progress after several years of having a comprehensive tobacco control program in place," she noted.

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Ursula Bauer

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The economic and medical treatment costs of smoking remain enormous, says Dr. Bauer. However, unlike many other chronic diseases, smoking can be treated effectively and rather inexpensively. For about $275 per person, healthcare providers can screen patients for tobacco use and provide them with counseling, nicotine replacement, and antidepressant medication.

The key to treatment is for service providers to discuss smoking with patients and advise them to try to quit. "The more the patient hears treatment advice from the provider or clinician, the greater the likelihood that the patient will quit successfully," says Dr. Bauer. "It doesn't need to be just a physician providing the advice — it can come from many people in healthcare settings."

The Cost of Tobacco Use in New York State

- Every year, tobacco use kills 25,000 New York State residents. Another 570,000 residents suffer from serious, tobacco-related diseases that cost $6.4 billion in medical treatment annually (1998 dollars).
- New York State taxpayers pay $9.82 in medical expenses for every pack of cigarettes sold.
- Employer cost: employers spend $1,600 more in annual medical expenses for smokers compared with non-smokers.
- Lost productivity: The average smoker spends 18 days of work time per year on cigarette breaks, which costs employers $1,700 per worker annually in lost wages; $5.3 billion total.

AIDS Institute HIV and Smoking Survey

At nine Designated AIDS Treatment Centers (DACS) and five adult day healthcare centers in New York State, 1,077 HIV-positive patients responded to these true-or-false questions:

Smoking Knowledge Statements	Percent Who Answered Correctly
If a person has smoked a pack of cigarettes a day for more than 20 years, there is little benefit to quitting smoking. (False)	56% (N=1039)
Nicotine is a cause of cancer. (False)	14% (N=1023)
The risk of having a heart attack is higher among people who smoke. (True)	84% (N=1022)
The risk of getting lung cancer is higher among people who smoke. (True)	86% (N=1017)
Because it takes many years for the effects of smoking to occur, smoking isn't a serious health concern for HIV-positive people. (False)	63% (N=1027)
Smoking isn't any more dangerous for HIV-positive individuals than it is to people without HIV. (False)	64% (N=1027)

Conclusions

- Smoking rate of PLWHA (59.4%) is roughly three times the rate of the general population of the state. Substance abusers not well represented in survey, so smoking rate may be higher.
- Many PLWHA in treatment have tried to quit in last 12 months; three-fourths are interested in quitting and are confident they can succeed.
- PLWHA need a better understanding of role of nicotine and overall smoking health risks.

A Clinician's Viewpoint: "We Have Our Work Cut Out for Us"


Jack Burkhalter

Most HIV-positive smokers are unprepared to quit smoking, they don't fully understand the health risks of smoking and the benefits of quitting, and they often struggle with anxiety, depression, and substance abuse problems — all barriers to quitting.

This is a profile of HIV-positive smokers drawn by Jack Burkhalter, PhD, a clinician at the Smoking Cessation Program of Memorial Sloan-Kettering Cancer Center in New York City. Dr. Burkhalter reviewed the findings from two studies of HIV-positive smokers, one in Texas, another in New York, which he co-authored.

"The prevalence rates of smoking among people with HIV just amaze me," said Dr. Burkhalter. "They are at least double or perhaps triple the smoking rates of the general population of New York State, and that's incredible."

HIV-positive persons who smoke face the same health risks as all smokers, plus other risks specific to the disease, said Dr. Burkhalter. These include increased risk for oral health problems, pneumonia, emphysema, AIDS-defining cancers, and cancers of the lungs, anus, and the cervix. Yet, a strikingly low percentage of patients in the two studies understood these harmful effects or were ready to try quitting.

Two-thirds of the 428 patients in the New York study smoked. Most smokers generally believed that smoking was risky for their health and that quitting would benefit their health. Concerns about breathing were prominent, but smokers were less certain of what the benefits were (see table). "Current smokers see less benefit to quitting compared with former smokers or those who have never smoked," Dr. Burkhalter explained. "But current HIV-positive smokers were very uncertain of the benefits of quitting, so this might be an intervention point to educate them about the benefits of quitting that are particularly relevant to them."

Readiness to quit is a key factor

Likewise, only about 18 percent of the patients in the New York study who smoked said they had taken steps to prepare to quit, compared with 40 percent who were "contemplating" quitting, and 42 percent who were "pre-contemplators," who were not even thinking about quitting. Current use of illicit drugs, greater emotional distress, and a lower number of prior quit attempts were associated with lower readiness to quit smoking. Even being diagnosed with HIV did not appear to strongly motivate smokers to quit. Although three-quarters of the former smokers in the New York study quit smoking after HIV diagnosis, only 14% of them did so within a year of their diagnosis.

"Substance abuse, anxiety, and depression need to be treated first," he said, "because the level of self-control that's needed to quit and stay off cigarettes means the person must have a fairly balanced life and stable mental health."

Service providers should screen all HIV-positive patients for tobacco use and follow the "5 A's" recommended by the National Institutes of Health:

- Ask about the person's smoking status.
- Advise the person to quit.
- Assess his or her willingness to quit.
- Assist the person in his or her quit attempts.
- Arrange for follow-up services to help the person quit or remain a non-smoker.

Dr. Burkhalter recommends using "motivational interviewing," a client-centered type of counseling that tries to increase the patient's internal motivation to change without being confrontational.

What Health Risks Do You Believe Smoking Exposes You To?

Smokers' responses endorsing this risk	Percent
Respiratory problems; e.g., "breathing problems"	38
Cancer of any type	20
Impact on immune system; e.g., "lowers T-cells"	8
Non-specific health risks; e.g., "definitely no good"	8
Cardiovascular diseases; e.g. "heart attack"	6

On the Front Lines: Motivating HIV-Positive Smokers to Quit

What can service providers do to motivate HIV-positive smokers to quit?

Christopher Murray and Kim Watson, two New York City community-based service providers, addressed this crucial question in a session attended by many service providers.

"I don't think there's a big difference between how you approach getting people with HIV to quit smoking, compared with people who don't have HIV," said Murray, an HIV-positive former smoker who runs the LGBT SmokeFree Project at the Lesbian, Gay, Bisexual, & Transgender Community Center. "First, they have to understand why they smoke . . . Once they're ready to put together a quit attempt and actually put down the cigarettes, you have to give positive, positive, positive reinforcement."

Smokers are much more likely to successfully quit if they are prepared and motivated. Murray uses the transtheoretical model of stages of change to judge how prepared the person is to quit (see table below).

Murray also uses motivational interviewing, a client-centered form of counseling, to increase the client's internal motivation to change. The main goal is to uncover and overcome the patient's ambivalence and resistance to change without being confrontational. "We try to help clients reflect on their experience and see the discrepancy between their current behavior (smoking) and the goals that will motivate them to change," Murray said.


Kim Watson

Watson is a community health specialist/case finder for the Transgender Program at the Bronx Health Center. She suggests having the client list the pros and cons of smoking at the outset of counseling. "Unless the pros of quitting smoking outweigh the cons of smoking in the mind of the patient, the person probably won't quit," she said.

If the client appears to be ready to quit, Watson said she encourages the person to:

- Develop a quit plan.
- Set a quit date.
- Consider using nicotine replacement and Zyban® (bupropion), an anti-depressant/anti-anxiety medication.
- Continue with counseling during the quit attempt.
- Line up support from friends and family and develop an "emergency plan" to call these people if intervention is needed.

It's important to identify stressful factors in the lives of HIV-positive clients that "trigger" smoking and practice reacting to them without smoking. Common triggers are: depression and anxiety; staying with an HIV medication schedule and coping with drug side effects; stress related to medical appointments, housing, and employment; and feelings of powerlessness. Murray also encourages clients to reward themselves for resisting these triggers. "With the money they save from not smoking, they can treat themselves to a movie, a teeth-cleaning, or even a health club membership," he said.

Murray concluded: "There's a kind of mythology that places too much emphasis on how difficult it is to quit. It doesn't have to be a nightmare."

Transtheoretical Model of Stages of Change

Precontemplation: Has no intention to quit smoking within the next 6 months.

Contemplation: Intends to try to quit within the next 6 months.

Preparation: Intends to quit within the next 30 days and has taken some behavioral steps in this direction.

Action: Has quit for less than 6 months.

Maintenance: Has quit for more than 6 months.

Relapse/recycle: Has strong confidence that relapse will not occur.

Source: Fava JL, Velicer WF, Prochaska JO. 1995. Applying the transtheoretical model to a representative sample of smokers. *Addictive Behaviors*, 20(2):189-203.

Developing Quit-Smoking Services at Your Agency: Don't Be Afraid to Start Small

So, your agency wants to begin providing quit-smoking services to HIV-positive clients — but it lacks funding, resources, and staff expertise. End of story? Not necessarily, says Dr. Barbara Warren.

"Many organizations have a misperception that they need to provide a full continuum of quit-smoking services to help HIV-positive smokers," she says. Most programs already have the capacity to raise smokers' awareness about the need to address their smoking, through distributing educational materials and encouraging smokers to think about quitting.

Dr. Warren, PsyD, Director of Organizational Development, Planning and Research at the LGBT Community Center in New York City, developed the agency's SmokeFree Project, the region's largest HIV quit-smoking program. In her work with other service providers, she notes these common organizational barriers to providing smoking cessation services:

- Lack of knowledge about prevention methods.
- Skills for facilitating individual and group discussion.
- No designated staff members to provide services.
- Staff who smoke: a psychological barrier.

If your agency is considering providing services, Dr. Warren suggests taking these steps:

Review existing resources

Do other local and regional agencies offer smoking prevention and cessation services? Are your clients eligible? Are those services sensitive to your clients' needs? Do clients have access to free or low-cost nicotine replacement products?

Start with the basics

- Make sure staff understand the basic concepts of helping smokers to think about quitting.
- Discuss these concepts with clients during intake or ongoing counseling.
- When possible, tailor education and prevention materials to the needs and challenges of HIV-positive clients. "Generic materials may not work well," says Dr. Warren.
- Give clients website addresses and phone numbers of quit lines.
- Refer clients to smoking cessation programs and services if they exist.

Service providers at the conference sort through consumer educational materials.

Promote smoking cessation within your organization

If staff members smoke outside the building, it can hamper your agency's efforts to promote smoking cessation — especially if clients smoke with them. Dr. Warren suggests taking these steps:

- Review the agency's smoking policies.
- Hold a staff meeting first to let smokers and non-smokers express their views. Don't just announce a plan that totally prohibits smoking.
- Discuss the advantages of a smoke-free policy.
- Identify smoking cessation services, products, and incentives the agency can offer employees who want to quit. Provide follow-through.

"Many of our employees have quit smoking," Dr. Warren said. "As with our HIV-positive clients who quit, we don't condemn them or shame them into doing so. We just provide a lot of encouragement over time."

For the Sake of Service Providers and Patients, A Tobacco-Free Workplace

Ideally, all HIV-positive smokers who receive healthcare services — and all the smoking employees who provide those services — would be screened in a tobacco-free workplace and treated for tobacco dependence.

"Unfortunately, in practice, many human service agencies and healthcare agencies accept and implicitly support tobacco use" among employees and patients, says Michael Seserman, MPH, RD. Seserman is director of cancer prevention strategies for the Eastern New York Division of the American Cancer Society (ACS).

Smoking is highly prevalent not only among HIV-positive patients but also among the service agency employees who work closely with them. Advocates for smoking cessation in the HIV treatment community describe a common scenario at service agencies: When employees step outside the building for a cigarette break, they often socialize with their HIV-positive clients who also smoke — which makes the action more acceptable and promotes the "culture" of smoking.

"Anecdotal estimates are that 30% to 40% of staff at these agencies smoke," Seserman noted.

Eliminating smoking areas and banning smoking anywhere on the employer's property can be a shock to employees. Lacking the time to go off the property to smoke, employees must go for hours without a cigarette — which may be just the incentive they need to quit.

The ACS recommends using a three-pronged approach to creating a tobacco-free workplace:

Promote better employee health. Provide information and resources to all employees through an orientation or in-service training. Train healthcare personnel to promote smoking cessation and resources such as the NYS Smokers Quitline (866-NYQUITS). Sponsor events like the Great American Smokeout and promote quit techniques year round.

Design health plans to cover smoking cessation. Health plans should cover nicotine replacement therapies, medication, and individual counseling for at least two quit attempts per year per employee.

Change workplace tobacco policies. Lower employee smoking rates and increase worker health and productivity by making it more expensive and less convenient to smoke. Consider banning smoking anywhere on the agency's property, but educate all stakeholders first. Provide financial and other incentives for not smoking. Seserman noted: "One large drug and alcohol treatment provider gives non-smoking employees 32 extra hours of vacation time during the summer — while smokers stay and work."

At many healthcare facilities in New York State, momentum is building toward providing a completely smoke-free or tobacco-free workplace — inside and outside.

- Several large healthcare facilities in New York State — including SUNY Upstate Medical Center — totally prohibit smoking on the grounds.
- Albany Medical Center and 16 other Albany-area medical facilities are ready to follow suit.
- The state Office of Alcoholism and Substance Abuse Services (OASAS) has banned all smoking on the property of its 13 in-patient treatment facilities, beginning January 1, 2006.
- OASAS also plans to require chemical dependence treatment and prevention providers to screen all patients for tobacco use upon admission and to provide smoking cessation treatment, if needed.

"As an HIV service provider, the single most important recommendation you can make to your clients for their health and well-being is to quit smoking," Seserman concluded.

The High Cost of Employee Tobacco Dependence

- Smokers require 50% more healthcare services than non-smokers.
- 19% of healthcare expenses for smoking employees address health problems their children experience relating to breathing second-hand smoke.
- More work absenteeism: Smokers miss an average of 6.5 more days per year than non-smokers.
- Lower productivity: Smokers spend 8% of their work hours on smoking-related activities — an average of 4 weeks of work per year.

For More Information and Help on Quitting Smoking

New York State Department of Health
Smokers' Quitline
1-866-NYQUITS (1-866-697-8487)
www.nysmokefree.com

The Lesbian, Gay, Bisexual, and Transgender (LGBT) Community Center

LGBT SmokeFree Project
212-620-7310
www.gaycenter.org

American Cancer Society

1-800-ACS-2345
www.cancer.org

Does Smoking Promote the Progression of HIV?

This has not been proven. Several studies found that smoking helps the progression of HIV disease — but the majority of studies have not found such an effect. While smoking can impair parts of the immune system, more research is needed before we can fully understand the role of smoking in the progression of HIV.

Does Smoking Have an Effect on HIV Medications?

This specific topic does not appear in medical literature searches. Other studies, not specific to HIV, have found that quitting smoking improves the production of some blood components — even when the patients used nicotine replacement. Because smoking can affect the levels of some medications in the bloodstream, patients should let their health care providers know if they are quitting smoking.

Special Thanks to Our Sponsors and Co-Sponsors

The NYSDOH AIDS Institute gratefully acknowledges the sponsors and co-sponsors that helped us make this conference possible:

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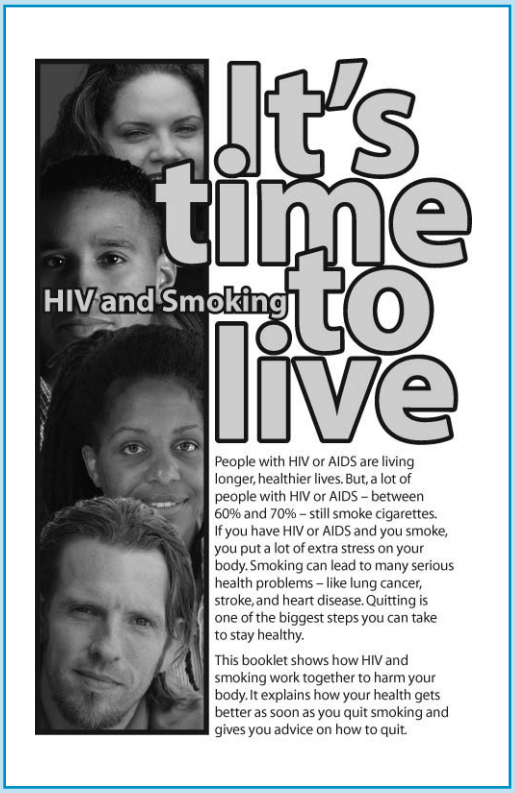
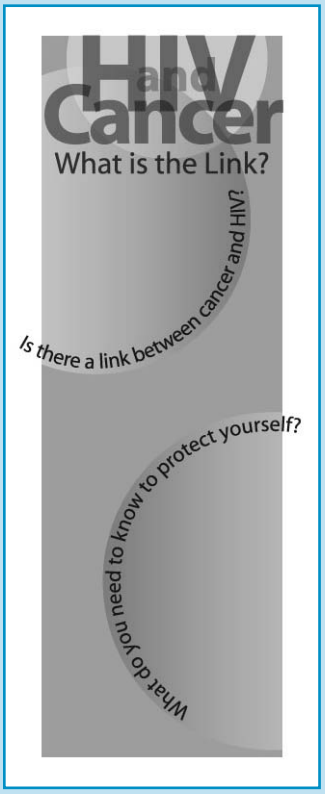
Co-Sponsors: Brooklyn AIDS Task Force; Asian Pacific Islander Coalition of HIV/AIDS; Housing Works; Harlem United; Cicatelli Associates, Inc./PWA Leadership Training Institute; Community Health Action of Staten Island; The Medius Institute for Gay Men's Health; Gay Men's Health Crisis; Latino Commission on AIDS; and Callen-Lorde Community Health Center.





The NYSDOH AIDS Institute has two new consumer brochures that explain to people with HIV/AIDS the importance of quitting smoking and preventing cancer:

HIV and Smoking: It's Time to Live
HIV and Cancer: What is the Link?

To view and download PDF files of these brochures or to order bulk copies of these and any other HIV/AIDS consumer materials, visit the New York State Department of Health website at www.nyhealth.gov/diseases/aids/publications or call (518) 474-9866 or email HIVPUBS@health.state.ny.us.